IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ALABAMA MIDDLE DIVISION

DOMINIC S. ALI,)	
)	
Petitioner,)	
)	
V.)	Case Number: 4:14-cv-01618-AKK-JHE
)	
ERIC HOLDER, JR. et al.,)	
)	
Respondents.)	

NOTICE OF DEFICIENT PLEADING

Petitioner's pleading is deficient for the reason indicated below. Petitioner must correct the deficient pleading within thirty (30) days from the entry date of this order.

The petitioner failed to file an application to proceed *in forma pauperis* or to pay the filing fee of \$5.00. The petitioner must either file an application to proceed *in forma pauperis* or pay the filing fee of \$5.00. An application to proceed *in forma pauperis* must be verified by an authorized officer of the institution and must be accompanied by a certified copy of prison account statements for the last six months.

Petitioner has notified the court he intends to pay the filing fee upon receiving his case number. Nevertheless, if the petitioner fails to correct the deficient pleading in compliance with this notice within thirty (30) days from the entry date of this notice, the court will dismiss this case for want of prosecution. Fed. R. Civ. P. 41(b).

The Clerk is DIRECTED to serve a copy of this notice upon Petitioner.

DONE this 21st day of August 2014.

JOHN H. ENGLAND, III

UNITED STATES MAGISTRATE JUDGE

FOR USE BY INCARCERATED PERSONS

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ALABAMA

DOMINIC S. ALI

CASE NUMBER 4:14-cv-01618-AKK-JHE

APPLICATION TO PROCEED IN FORMA PAUPERIS

Declaring that the personal and financial I have given below is true and correct, I apply to this Court for authority to proceed with this case without prepayment of fees, costs, or security.

1.	Your	Your full name:					
	Prese	ent mailing address:					
2.	If the	you presently employed? Yes No _e answer is "yes," give the name and address of your employary or wages.	er and the amo	ount of your usual			
—— Mon	thly ear	nings: \$					
the a		answer is "no," give the name and address of your last employed the monthly salary or wages you were receiving.	oyer, when you	ı last worked, and			
		rked:					
Mon	thly ear	nings: \$					
3.	Have	Have you received within the past twelve months any money from any of the following sources?					
	(a)	Business, profession, or any form of self-employment?	Yes	No			
	(b)	Interest, dividends, rents, or investment income of any ki	nd? Yes	No			
	(c)	Pensions, annuities, or life insurance payments?	Yes	No			
	(d)	Gifts or inheritances?	Yes	No			
	(e)	Any other sources?	Yes	No			

If the answer to any of the above is "yes," describe each source of money and state the amount received					
from	each during the past twelve months.				
4.	How much money do you own or have in any checking or saving accounts, including your prison				
	or jail account? \$				
5.	Do you own any real estate, stocks, bonds, notes, automobiles, boats, or other valuable property				
	(excluding ordinary household items and clothing)? Yes No				
	If the answer is "yes," describe the property and state its approximate value:				
6.	List the persons who are dependent upon you for support, stating your relationship to them				
and i	how much you contribute toward their support.				
	I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and				
corr					
Date	ed:				
	SIGNATURE OF PETITIONER				

★++ <u>IMPORTANT NOTICE</u> **+++**

Your application to proceed *in forma pauperis* is NOT COMPLETE and WILL NOT BE CONSIDERED by the Court unless the page entitled "INFORMATION REGARDING PRISONER ACCOUNTS" is properly completed and certified.

INFORMATION REGARDING PRISONER ACCOUNTS

The Prison Litigation Reform Act, Pub. L. No. 104-134, § 804, requires a prisoner seeking to proceed *in forma pauperis* to submit information regarding his prison or jail trust account for the six months preceding the filing of the complaint. This information must be obtained from the appropriate official of each prison or institution at which the prisoner is or was confined within the past six months. This information <u>must</u> be certified by prison or jail personnel and <u>must</u> include <u>both</u> the total deposits made to the prisoner's account each and every month for the preceding six months <u>and</u> the average monthly balance in the account each and every month during the preceding six months. Information for six <u>full months</u> must be provided.

CERTIFICATION

I hereby certify	that prisoner		_ has been
incarcerated in this institut	tion since	,, and that he	has the sum
of \$ in his p	rison or jail trust account on the	nis the day of	·
I further certify that the inf	Formation provided below is tru	ne and correct.	
Month/Year	Total Deposits Received	Average Account Balance	
Month 1			
Month 2			
Month 3			
Month 4			
Month 5			
Month 6			
Current month (If less than full month)			
	Signature of	Authorized Officer of Institution	
	Name of Ins	titution	